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BRANSBY B. COOPER'S LECTURES ON AMPUTATION.

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When the circular mode of operating is selected, the following plan of procedure is to be adopted:—The limb is to be steadily held in a horizontal position, and at a convenient height for the surgeon, by two assistants, one of whom is to grasp the limb above the part where the amputation is take place, forcibly drawing the integuments upwards, while the other assistant is to hold the distal extremity of the limb. The surgeon then placing himself with his left side towards the patient, and having considered the precise point at which he intends to saw through the bone, commences his incisions through the skin two or three inches below that point, by placing the heel of his knife on the centre of the upper surface of the limb. This he can only effect by stooping in a half-kneeling position; and passing his right arm under the extended limb, he draws the knife, with a moderate degree of pressure, towards himself, and rising at the same time to the erect posture, and allowing the handle of the knife to turn forwards between his forefinger and thumb, he completes his circular incision by bringing the heel of the knife to the spot where he first commenced the incision, and with little practice he will be able to complete this with one sweep of his knife. This incision should cut through the skin, cellular membrane, and fascia, and to the same depth through its whole course. These tissues are then to be reflected (as the cuff of a coat is turned back) to an extent depending upon the size of the limb, to effect which some few touches with the point of the knife will be required to detach the fascia from the subjacent muscles. A second circular incision is then to be made in the same manner as the first through all the muscles directly down to the bone, the incision commencing close to the everted edge of the reflected integument, when, in consequence of the more forcible retraction of the superficial muscles, the deeper ones, which are attached to the bone, will require another circular incision or incisions completely to denude the bone up to the point where the surgeon intends to saw it through; and in stout, muscular patients, it is often advisable to use a linen retractor to expose the bone at the proper point for its division. The saw is now to be used by placing its heel upon the bone close to the cut edge of the deep-seated muscles, and by a gentle backward and forward motion of the hand it will fix itself in the bone: the point of the saw is now to be directed downwards, when by a vigorous and rapid sawing motion, but without much pressure, the bone is readily sawn through without splintering, unless the assistants who are holding the limb perform their duty awkwardly, either by too much pressure at the distal end splintering the bone, or by raising it "locking" the saw. The difficulty arising from the latter occurrence the surgeon may obviate by not attempting by his own violent use of the saw to release it, but by desiring the assistant to depress his hands slightly the saw will become immediately free. Should there, however, be any irregularity in the sawn surface of the bone, the projecting portions should be removed by the "bone-nippers." The next part of the operation consists in securing the arteries, and the future well-being of the patient depends much upon the manner in which this important step is effected. The main truncated artery should be first secured; to effect which it should be seized with a pair of forceps and drawn out of its sheath, so as to expose a sufficient length of the vessel that the ligature may be applied some distance above its open mouth, and preclude the liability of the force of the heart displacing it. Should there be any difficulty in finding the vessel, in consequence of its great retraction, which does not unfrequently occur, the tourniquet may be slightly loosened, so that the escape of blood may point out the precise position of the bleeding vessel, although it may still be necessary in some cases to slit up the sheath before the artery can be secured. The remaining arteries are then to be secured in a similar manner; and when all seem to have been placed in safety, the tourniquet may be removed, which should be done as soon as possible, as its compression frequently keeps up a venous bleeding; and should any arteries bleed after the tourniquet has been removed which had hitherto escaped notice, a ligature must be placed around them.

The surface of the stump should then be washed with cold water; taking care, however, not to remove the small portions of coagula too assiduously, for it is to be remembered that they constitute the means of preventing hæmorrhage from many small vessels which will bleed again directly if these natural plugs be removed, and lead to the necessity for ligatures, which would otherwise not be required. The edges of the stump may now be brought together and maintained in adaptation by one broad strip of adhesive plaster, a second portion being put around the limb pretty firmly, to prevent the retraction of the soft parts from the extremity of the bone. The stump should not be permanently dressed for four or five hours after the operation, and then with all the tenderness possible—as if, indeed, the pain inseparable from the act were to be inflicted on the "dresser" instead of the patient. This second dressing of the stump is to be effected by removing the plaster which had been put on immediately after the operation, and separating the edges of the soft coverings to the bone, for the purpose of ascertaining if there be any vessels still bleeding; if so, they must be secured: the edges of the wound are to be again brought together, and maintained in co-aptation by adhesive plaster—an assistant, at the time of the plaster being applied, pressing the soft parts forward over the extremity of the bone, so as to prevent the possibility of any pressure being produced by the bone upon the approximated edges of the integuments. A bandage being then pretty firmly bound around the limb from the proximal joint to the stump, while at the same time the assistant is drawing the soft parts forwards, will usually prevent any future retraction of the muscles, and consequent projection of the bone, the effect of which is to form what is termed a "conical stump." All the precautions you may take will not always prevent this untoward occurrence; and the fault may be on the part of the operator, from not having left sufficient covering to the bone; but it more frequently results from the natural tendency of the muscles to retract, which can only be obviated by judicious dressing. On the fifth or sixth day the stump should be again dressed, and with the same precautions as before: the strips of plaster should be removed with the greatest gentleness, and not all at once; but, commencing from the top of the wound, two or three strips may be removed, the edges of the wound gently sponged, and fresh pieces of plaster applied before the lower strips are displaced, as in this way a support is maintained to the wound during the whole period of the dressing: care must also be taken that in removing the plaster you do not interfere with, or draw upon, the ligatures, as any interruption to the natural process of sealing the arteries might induce a secondary hæmorrhage. In the first dressing, the ends of the ligatures should always be brought out of the wound in the most direct line from the vessel to which they are attached; for if they be all bundled together for the purpose of bringing them out of the stump at one angle of the wound, they not only act as a greater source of irritation, but they traverse so much of the wound as to materially interfere with its healing. The stump, under favorable circumstances, heals as readily as other incised wounds, but there are many circumstances which may interfere and retard its perfect union: some of these may arise from physical, and others from constitutional causes; the object of the surgeon must therefore be to remove these sources of interruption by the application of appropriate remedies, which constitute, indeed, a higher order of surgical knowledge than the dexterity displayed in the amputation itself. These considerations apply, however, equally to the healing of every kind of stump, whatever have been the mode of operation adopted. I shall speak of the surgical after-treatment when I have finished the description of the flap operations.

The mode of performing the operation of amputation by flaps differs from that in the circular operation, inasmuch as the covering of the bone is formed by one or more flaps obtained from the surrounding soft parts; and this kind of operation may in certain cases be most judiciously adopted: for instance, when, either from accident or disease, the integuments and muscles have been so implicated as to preclude the possibility of leaving sufficient covering to the bone by the circular mode, and which may be readily effected by the flap operation. Such circumstances as preclude the possibility of amputating by the circular mode immediately above the seat of injury or disease, would often lead to the necessity of removing the limb higher up, and even of sacrificing a joint, were not the flap operation had recourse to. By this mode the covering of the bone may be made either wholly from one side or from the anterior or posterior aspect of the limb, as occasion may require. It is not improbable that, from the employment of this mode under such conditions, some surgeons have contemplated the idea of always using it in preference to the circular operation; but it seems to have been first recommended by a Mr. Lowdham, a surgeon of Oxford, in about the year 1679; I believe, however, he only adopted it in the minor operations, such as fingers and toes.

In performing the flap operation, the limb to be amputated must be prepared precisely in the same manner as has been described for the circular incision; that is is to say, the artery compressed, and the assistants holding the limb securely. The surgeon stands, also, in much the same position, and on the same side of the patient, and maps out in his mind the best mode to be adopted to secure the formation of a good stump; or, in other words, to leave an ample covering to the bone by making either one or two flaps, as the nature of the case will best admit. These flaps, or the single flap, may be made either by transfixing the soft parts by a double-edged knife, and then by cutting from within outwards; or he may produce the same flap by cutting from without to within, by making two incisions, dividing the soft parts in the form of the letter V. When these flap operations are performed in the continuity of a bone, they must be made on both aspects of the limb—but if at a joint, one flap alone will suffice; for the disarticulation of the head of the distal bone will enable the surgeon to cut his way out behind the joint without transfixing the soft parts.

In amputating a limb by the double-flap operation, the flaps may be made from the sides of the limb, or from its anterior and posterior aspects, according to the choice of the surgeon; and it is generally directed that the larger flap should include the principal vessels of the limb: and in this case the operator, in transfixing the soft parts, directs his knife as close to the bone as possible, so that, in cutting his way out, he denudes the periosteum completely from the deep-seated muscles for what he considers a sufficient distance for the size of the flap required; and then, by turning the edge of his knife slantingly, cuts his way out, requiring little else than the division of a few fibres still attached to the bone, and the use of the saw, to complete the removal of the limb. In the amputation of the larger limbs, as the thigh, leg, or even the upper arm, I have of late modified this operation, as I have considered that, in adopting the plan described, the flaps are rendered unnecessarily bulky and heavy, and that the vessels are very liable to be wounded higher up than where the bone is sawn through, often leading to considerable difficulty in securing them; the nerves are also left very long, and are rendered, therefore, more liable to future interference. To obviate this acknowledged inconvenience, it is recommended to subsequently cut off these strips of nerves. The necessity for such a step I am of opinion had better be avoided; for, to say the least of it, additional pain is caused: or even should chloroform have been administered, this mode of procedure is likely to increase the irritating effects of the operation upon the constitution.

In performing the double-flap operation, I have been lately in the habit of comparatively superficially transfixing the limb with the long knife, leaving a large mass of muscle still covering the bone; and then, having the flaps well drawn upwards, have completed the separation of the muscles by circular incisions, cutting through the vessels and nerves in the second use of my knife, by which mode I entirely avoid the inconveniences alluded to. When I first adopted this plan I had once or twice rather a deficiency of skin, especially when operating on the thigh: this arose from the great weight of the posterior mass of muscle drawing the integuments tightly over the anterior aspect of the limb, so that the width of skin left was not sufficient to cover the whole of the stump. My friend, Mr. Skey, to whom I was speaking of this operation, told me at once of an effectual method of overcoming the difficulty I have mentioned, by merely having the under surface of the thigh supported, or rather pressed up towards the femur, by an assistant, before the knife was passed through; by which mode the lateral dimensions of the whole thigh are increased, and a proportionately greater quantity of skin included in the flaps. This mode of operating may be considered as including both the flap and circular operations.

The treatment of the stump immediately after the amputation is precisely the same as what has been already described, but I think is somewhat more troublesome to manage, in consequence of the greater liability to bleed, from the danger, as I have already mentioned, of some of the vessels having been punctured by the knife above where the ligatures have been applied. In the partial dressing of the stump immediately after the operation, if some very small vessels continue to bleed, torsion may be tried to check the hæmorrhage, and to avoid the application of too many ligatures, which must interfere with the healing of the wound; but if any of these should still bleed at the period of the permanent dressing, torsion must no longer be attempted, but a ligature at once applied, for there is nothing so distressing to the patient, or which causes so much interruption to the union of the stump, as the necessity for removing the dressings after they have been once applied; and many a case I am certain has terminated unsuccessfully wholly from this circumstance. The application of ice to a stump will frequently at once put a stop to the oozing of blood, which in some cases proves so obstinate. Such cases of bleeding as arise from want of due precaution in securing the vessels are not to be termed "secondary hæmorrhages." The scientific acceptation of the term implies bleeding resulting from some constitutional cause rendering the arteries incapable of being obliterated from the application of the ligature, so that when it separates from the vessel hæmorrhage supervenes. The danger of such a result depends upon the period at which it has occurred after the amputation; for if it be only two or three days after, there is reason to believe that some vessel had escaped the surgeon's observation, and had now bled upon the accession of the action necessary to the union of the stump, in which case the wound must be re-opened, the clot of blood turned out, and the vessel secured; but if secondary hæmorrhage comes on the third week after the operation—at the period, indeed, when the ligature separates from the main trunk of the limb—there is too much reason to fear that the artery, from some deficiency of vital power, is incapable of becoming obliterated by the adhesive process. In such a case I should try gentle compression on the main artery of the limb, apply a bladder of ice to the stump, and administer a dose of opium ; and should not these means succeed in checking the bleeding, I should place a ligature on the artery at the upper part of the limb, and not attempt to find the bleeding vessel by laying open the stump, in which there is great probability of failure, and a certain additional source of constitutional disturbance to the patient. I have found from my experience that secondary hæmorrhage after amputation is most dangerous at that period at which the ligature should naturally be separated from the principal artery, and that, if it occurs subsequently to that period, pressure on the vessel above will usually be sufficient to restrain the bleeding without the necessity for the application of a ligature; for I am inclined to believe that these later bleedings do not occur from the large vessels, but from some of the over-charged collateral branches. Bleeding, however, is not the only circumstance which may occur to retard the healing of the stump after amputation ; various constitutional derangements may also interfere with this process. A few hours after the operation irritative fever usually, more or less, supervenes, marked by a white tongue, hot dry skin, anxious countenance, restlessness, and thirst. This attack is not to be combated by severe antiphlogistic remedies, but by narcotics and sudorifics, and I usually order the following remedies :— R. Hydrarg. chloridi, gr. jss. ; pulv. Jacobi veri, gr. iij. ; pulv. opii, gr. ss. M. Ft. pil. And should the bowels become constipated, the following mixture :—R. Magnes. sulphat., ʒ vj. ; liq. ammon. acetat., ℥ j. ; liq. antimonii potass. tart., ʒ j. ; tr. hyoscyami, ʒ j. ; aquæ destillat., ℥ vij. M. Capt. cochl. larga, ij. ; quaqua 4ta hora donec alvus responderit. If sickness is a prominent symptom, effervescing saline draughts should be prescribed ; and every precaution at the same time should be taken to place the stump in the easiest position to the patient, and ice or poultices may be applied as the indications may dictate. The removal of a strip of plaster from a stump will frequently at once remove all the febrile symptoms, and the necessity for this source of relief will be indicated by pain, and a sensation of fulness of the stump, resulting from effusion either of blood or serum. It does not, however, necessarily follow that a patient should be the subject of such a febrile attack, but all may be going on most favorably for the first fortnight, and the stump appear to be nearly healed by adhesion, when, without any apparent cause, on the next dressing a discharge may be found, from the appearance of which the surgeon will decide upon the treatment required. Perhaps there is no better test of the constitutional condition of your patient than the nature of these effusions, which may be either blood, pus, or a plastic effusion. Under this condition there is ample opportunity for the surgeon to display his scientific knowledge; and, perhaps, of all the late improvements in the science of medicine, there is none more important than the study of the "anatomy of the fluids," which the use of the microscope so perfectly discloses. Whether alteratives, stimuli or tonics are to be administered, may almost unerringly be decided on by the appearance of the effusions from a wound, although I do not mean to imply that there are not many other symptoms by which the condition of the patient may be recognized.

Even at a later period than this, untoward circumstances may arise, and lead to the re-opening of a stump after it seems to have perfectly healed. Such an occurrence often results from a portion of the bone exfoliating, an event which is not always to be attributed to any fault of the surgeon in sawing through the bone, as a diseased condition of the bone itself may have led to its ultimate death. A ligature which may have included a portion of muscle or tendon may also for a length of time retard the completion of a cure after amputation; and these protracted sources of irritation sometimes lead to a diseased condition of the truncated extremities of the nerves, which become bulbous, morbidly sensitive, and often productive of such severe neuralgic suffering, and consequent contraction of the muscles of the amputated limb, as to lead to the necessity of a second amputation. Nothing in the form of medicine seems to avail in these cases; nor, indeed, does second amputation always succeed, as where there is a constitutional tendency to this kind of neuralgia the disease returns after secondary amputation has been performed. I have already related a case of this kind in which three amputations were unsuccessfully performed, but where the fourth, at the shoulder-joint, proved effectual.

Erysipelas is also a frequent cause not only of retarding the healing stump, but too often leading to the death of the patient after amputation; so that no surgeon should perform the operation while there is any epidemic tendency to erysipelas, either in public or private practice, unless the urgency of the case demands the immediate operation, and the risk of waiting would be greater than that from erysipelas. As soon as the irritative fever resulting from amputation has passed away, I am quite sure generous diet is one of the surest modes of treatment to secure the rapid union of a stump, at the same time interrupting as little as possible nature's progress and process of reparation by over interference with the wound.

THE LATE PROFESSOR HARRISON.

John Pollard Harrison, who recently died in Cincinnati, Ohio, was born in the city of Louisville, June 5th, 1796, and was, therefore, at the time of his death, in the 54th year of his age. His medical studies commenced in the city of Louisville, but the principal part of his pupilage was spent in the office of Dr. Chapman, of Philadelphia. He graduated in the University of Pennsylvania, in the spring of 1819; and immediately on his return to Louisville commenced practice. Dr. Harrison continued the practice of his profession, in the city of Louisville, in a successful and highly creditable manner, until 1835, a period of sixteen years, when he removed to Philadelphia. During his residence in Louisville, Dr. Harrison for several years held the office of Physician to the Louisville Marine Hospital, in which he occasionally delivered clinical lectures. Shortly after his removal he accepted the Professorship of Materia Medica in the Medical Department of Cincinnati College, and immediately removed to Cincinnati. He remained in the Cincinnati College until its suspension, in 1839, when he retired to the private duties of the profession. In 1841 he was elected to the Chair of Materia Medica in the Medical College of Ohio; and in 1847 he was transferred to the Chair of Theory and Practice in the same school. In 1849, after having delivered two courses on Theory and Practice, he was restored, at his own suggestion, to the Chair of Materia Medica. It will thus be seen that he discharged the duties of a professor for a period of twelve years.

The deceased held several important and honorable positions in different medical associations; he was elected President of the Medical Convention of Ohio, which met at Lancaster, in 1843; he was appointed by the American Medical Association, which assembled in Baltimore, May, 1848, Chairman of the Committee on Medical Literature; and he was elected Vice President of that body, at its recent meeting in Boston.

Professor Harrison was a ready and copious writer, which is abundantly attested by his numerous contributions to medical journals. During his connection with the Cincinnati College, he was one of the editors of the Western Journal of Medicine; and since that period he has contributed many articles to periodicals, chiefly, however, to the Western Lancet. The first original communication published in the Lancet was from his prolific pen, and his contributions occupied a conspicuous place in every volume of that periodical. In 1847, Prof. H. became associated in the editorial management of the Lancet, which connection was continued until the period of his decease.

In addition to journal articles, Prof. Harrison was the author of numerous public lectures, mostly introductories to his courses of medical instruction. His public lectures were always spirited and eloquent, his subjects well chosen and amply discussed—qualities which seldom failed to please an audience, and which was evinced by the almost uniform publication of his discourses. We presume that his published lectures are more numerous than those of any other professor in the United States, for an equal number of years.

The more permanent works written by Prof. Harrison, consist of a small volume entitled "Essays and Lectures on Medical Subjects," published in 1835; and his larger work on Materia Medica, consisting of two volumes, published in 1845. These works evince a profound acquaintance with the subjects upon which they treat, which would do honor to any author. One of the best articles, according to our judgment, ever written by Professor Harrison, is an essay entitled, "Medical Experience," published in the volume of essays above alluded to.

In all of the positions in which Professor Harrison was placed, whether as a writer or lecturer, he manifested an enthusiasm, energy and capacity, surpassed by few in our profession. His mind was well stored with general information; and in the profession of medicine his reading was most extensive and profound. Endowed with quick perceptive faculties, a strong memory and untiring industry, he could not fail to acquire a vast fund of knowledge. We have never met with a physician who retained a more vivid recollection of the sentiments and language of authors, and whose ability was greater to quote, at any moment, and to almost any extent, the views of nearly every prominent writer in our profession.

Professor Harrison was, in every sense, a *physician.* He was not a mere *trader* in medicine; but, imbued with a lofty and expanded view of the profession, he rose altogether above every mercenary consideration, and was actuated alone by the purest motives and the most exalted sentiments. He never sacrificed principal to expediency, nor duty to interest; but with an exalted purity and iron strength of purpose, his course was always guided by the dictates of truth, honor and justice. Dissimulation was to him unknown; fraud and deception he knew not how to practise; he never betrayed a friend, nor sought to injure a rival. In his immediate profession he was truthful to a most rigid and inflexible degree; no love of gain or hope of applause could ever tempt him to violate those great laws of honor and fidelity which should ever pervade the conduct of the true and faithful physician.

As a high-toned and honorable gentleman, a consistent and exemplary christian, Professor Harrison was equally distinguished. His sphere in social life, and in the Presbyterian church, of which he was an active member, was wide and influential. For thirty years he had been a professed christian; and in his dying moments, when the dark shadows of eternal night were fast gathering around his pillow, his christian hope shone brightly, and his aspiration ascended to the skies.—***Western Lancet.***

AN OBSCURE CASE OF STRANGULATED BOWEL.

BY L. G. RAY, M.D., PARIS, KY.

Mr. J. Wright, farmer, of this county, aged 63 years, ate a hearty dinner on Wednesday, the 9th of October, after which he rode eight or ten miles. Upon stopping he felt great drowsiness, with pain and soreness of lower part of the abdomen, vomited two or three times, throwing up the undigested contents of stomach, upon which the soreness and pain spread over the whole abdomen, accompanied with nausea and intense thirst. On the next day he rode home (the same distance) and had an evacuation from bowels without any relief. On Friday, 11th, he took an emetic of tartar, which vomited him freely, without any subsidence of his sufferings, or any further discharge from bowels. On Saturday, 12th, we were called to see him, and found him as follows:—pulse 70, natural, soft and compressible; tongue furred and dry; thirst intense; troublesome eructations; hiccough; constipated bowels; considerable pain and tenderness, with moderate fulness of abdomen; urinary secretion free. In the progress of our examination, the patient called our attention to a small, hard tumor in the right groin, which he said had been there for five or six months, causing him to limp a little after sitting some time; that it was sometimes slightly sore, but not more so now than it had frequently been before, and that he considered it nothing more than a "kernel." We examined it with care, and gave as our opinion that it was an enlarged inguinal gland. Impressed with a belief that this was a case of colic, we prescribed a cathartic of calomel and jalap, hot fomentations to abdomen, and an enema every two hours till he was freely purged. At 12 o'clock, at night, we were again called to see him. Found him more complaining than at our morning visit; no evacuation from bowels; more fulness of abdomen; had vomited some bile and other fluids. We now used a rectum tube, passing it eight or ten inches up the bowel, and with Mohr's injecting apparatus filled the colon with tepid water. This we repeated two or three times. Nothing returned except a few hard scybalæ with the water, after which he expressed himself as feeling easier, and we left him for the night.

13th.—Symptoms same. Vomits bile occasionally.

14th.—Vomited stercoraceous matter several times. Slight increase in inguinal tumor, supposed to proceed from frequent handling in our examination. In other respects his condition is the same. Pres.—Half an hour in tepid bath; at night sulph. morphia, gr. ½.

15th.—Vomited twice last night, feculent matter; slept but little. Other symptoms same, except that he has some fever to-day. Repeat morphia, gr. ½. Seeing the obstinacy, as well as obscurity, of the case, and fearing an unusual case of hernia, requested that Prof. Dudley or Bush should be sent for. Dr. E. L. Dudley met us this evening at 7, and after a careful investigation into the history of the case, and a minute and careful examination of patient, concluded that it was not hernia—that it lacked all the outward manifestations of this disease; in which opinion we fully concurred with him.

16th.—Same. Pres.—Saline cath. with minute portions of tartar emetic combined, in small and frequently-repeated doses; an enema, morning and evening, of tepid water.

17th.—Same. Medicine regularly continued; no evacuation.

18th.—Same. Redness in inguinal tumor, more tender; poultice; vomited, first time since night of 14th.

19th.—Slight fluctuation of fluid and air bubbles. Other symptoms same as on the 15th.

20th.—Fluctuation more perfect—opened the tumor by carefully dividing the integuments: upon which a very fetid gas escaped, followed by pus and feculent matter, about four ounces. Vomited feculent matter to-day.

21st.—Pulse more frequent and feeble; erysipelatous inflammation around tumor, and extending down thigh, from infiltration of feculent and purulent matter into cellular tissue.

Notwithstanding the use of nutritious diet and cordial drinks, he gradually sank, and died on the 24th. at 10 o'clock, A. M.

Post-mortem Examination, 13 *hours after Death.*—Abdomen moderately distended; upon opening it, found omentum and small bowels highly injected with blood, the latter full of feculent matter. Searching for the cause of obstruction, we found a small knuckle of bowel, about four or five inches below ileo-cœcal valve, bound tightly down by adhesive inflammation to the space answering to internal aspect of femoral ring—the adhesion embracing about two inches in *length* of the ileum, and not quite all of its calibre (enough remaining open to pass a common-sized catheter). Within this space there were two openings into the bowel, one inch apart, between which the bowel was much thickened, inflamed, and adhering tightly to peritoneum behind and above Poupart's ligament. Through these openings the fæces were discharged. The strangulated portion of bowel did not pass into the femoral ring—cœcum and ascending portion of colon distended with gas—transverse and descending portions contracted to the size of finger, and free from inflammation; gall-bladder much distended with dark-green bile; stomach full of fluids. There was a small opening, by ulcerative inflammation in ileum, some distance above seat of disease.

Thus we see that the scalpel alone revealed the true nature of this obscure and perplexing case. It is certainly a singular and interesting case to the surgeon and physician—singular, because it proves conclusively that strangulation of the bowel may take place from adhesive inflammation, manifesting all the *internal* symptoms of hernia without its *external* signs. It is interesting to the surgeon, because it raises the question as to the possibility of relief by an operation.—*Transylvania Medical Journal.*

DANGER OF USING GUTTA PERCHA CATHETERS.

BY CÆSAR HAWKINS, ESQ., SURG. TO ST. GEORGE'S HOSPITAL.

Very soon after they were introduced, I was obliged to give up the use of catheters and bougies made of gutta percha, on account of the great irritation they generally excited in the urethra—an irritation which is also found in many cases to prevent the employment of splints made of this substance in the treatment of fractures and diseased joints, for which it would otherwise be well adapted. The case of a man who this day leaves the hospital, induces me to point out the actual danger to life which may be occasioned by catheters of gutta percha, and is the necessary result of the mode in which they are constructed; not of accidents or carelessness, which will occasionally lead to the breaking of the ordinary gum catheter also.

The catheter is made, it would appear, of a slip of gutta percha nearly an inch wide, and of the necessary length for making the catheter, which is twisted round a stilette, so as to make the edges of the slip join together, in which position a moderate degree of heat makes them cohere to constitute a tube, when the stilette is withdrawn. Of course, if this slip is screwed up in one direction, the edges are pressed together; but when twisted in the contrary direction, unless made to cohere very firmly, the catheter is readily untwisted into the original long narrow slip of the material employed, and probably the warmth of the body facilitates this separation of the edges of the slip. A second catheter, which my patient used on only one occasion, was thus opened at one point of junction, and was easily unrolled for its whole length; others are not so easily broken up, but all must be dangerous.

James Turner, æt. 58, was admitted into hospital, July 18th, 1849. He had been under my care about eighteen months ago, and has been constantly in the habit of passing a catheter since that time in order to prevent the mischief of partial retention of urine from enlargement of the prostate gland. In using the instrument to-day (a gutta percha catheter given him by a friend), it broke in the urethra, and a fragment about four inches long remained behind, which, however, he says, produces no inconvenience except a pricking sensation in the urethra in walking. On examination it was evident that the stream of water was as free as usual, and on external examination no foreign body could be felt in the urethra; so that, if his account was correct, it must have broken off in the bladder, and by means of a catheter on a subsequent day it was distinctly felt lying towards the left side of this organ.

As the disease of the prostate occasioned much ropy mucus streaked with blood, it was determined to keep him quiet for a short time, with the view of lessening this irritation, if possible, before endeavoring to extract the fragment, as the only sensation he complained of was a burning pain in the urethra immediately behind the scrotum. It was found, however, by my friend, Mr. Prescott Hewett, in whose charge I left the patient during my absence from town, that the presence of the foreign body excited more irritation of the bladder than before, and the following is his account of its removal:—

Aug. 16th.—After the patient had been fairly got under the influence of chloroform, which, however, was not till after some time, Mr. Hewett passed a small lithotrite into the bladder; this was not done without some difficulty, on account of an obstruction in the membranous part of the urethra; this, however, after a little pressure kept up for some time, gave way, and the foreign body was at once detected with the instrument, still in the same position on the left side. It was at once seized, and an attempt made to bring it through the urethra, but it broke apparently about the membranous portion of the urethra; and on removing the lithotrite about half an inch of the catheter was found between its teeth; this was coated with calcareous matter. A long pair of straight urethra forceps was then passed down the urethra, and at its membranous portion the foreign body was, after a short time, again seized. In attempting to bring it out, it again broke off, but another half inch of the foreign body was brought away. The urethra forceps were again introduced, and the remaining portion removed without further trouble. On putting the three bits together, they evidently made up the whole of the catheter which had been broken off. A catheter was, however, passed into the bladder, but nothing further was detected.

He suffered some pain after the operation, but the frequency in making water lessened in a day or two, and he was again able to retain the water, which had begun to pass involuntarily in consequence of the presence of the foreign body. The chronic inflammation of the bladder occasioned by the condition of the prostate, obliged me, however, to keep him in the hospital till the present time, his health being now much restored, but the necessity for almost daily use of the catheter remaining to prevent a few ounces of water being always retained.—***Lon. Med. Gaz.***

PUBLIC HYGIENE.

Extracts from a Memorial presented to the Mayor and Aldermen of Boston, May, 1849, by E. R. SMILIE, M.D.

IN view of the mutual relations of health and good government, the certain basis afforded by the former for promoting the moral standard of society, and the slight effort required to stay many of the fruitful sources of disease, I would venture to call your attention to the benefit to be derived from the establishment of a health office, which should have the supervision and control of all the sources of nutriment, to guard against taint, and such deleterious influences as are capable of being corrected. The leading duty of the officer or inspector having charge of the department may be summed up as follows :—

1st. He should superintend the tenements occupied by the poorer classes, and if they lack the proper means of ventilation and are crowded beyond their healthful capacity, the landlord should be required to make the necessary repairs and diminish the number of tenants in accordance with the necessary requirements of health. He should also be authorized to learn the resources of tenants, and advise and render such assistance as will enable them to adapt their means to the preservation of health, by enforcing attention to personal cleanliness, and the removal of filthy accumulations.

2d. As animal and vegetable food is extremely liable to putrefaction and decomposition, rendering them dangerous and unfit for nutriment, every possible precaution should be adopted to guard against the cupidity of venders who are willing to sacrifice the life and health of their fellows, through a morbid desire of gain.

3d. The duty of the inspector should extend to all the resources of life. A knowledge of these can be readily obtained through the co-operation of town and village authorities, and as the benefits certain to arise would be mutual, equal energy should be displayed for the support of the system. In grazing districts, the authorities should give to the drover certificates of the health of animals designed for market, and should also give their supervision to all the productions manufactured or otherwise intended for the food of man. Thus by a concerted plan, there would be afforded a sure protection against diseased animal and vegetable productions, which would extend to all their methods of preparation and combination. The satisfaction which would be derived from a knowledge of the source and method of preparation in the combination of various animal and vegetable substances used as food, would convey a relish to our eating, more than equivalent to the additional expense incurred, aside from the actual advantage imparted to health.

4th. The chief inspector should be qualified to analyze alcoholic liquors, to judge of their purity, and authority be given him to order the destruction of all that prove to be adulterated. If other poisons, except those derived from customary distillation, be contained, an adequate penalty should be imposed and strictly enforced. And that exact knowledge may be obtained, the privilege should be allowed the inspector to examine all liquors, whether stored or on sale, that his seal may be attached as a guarantee of purity.

5th. He should be required to learn, as far as possible, the character of places of public resort, whether for amusement or licentiousness, and impose such regulations as are compatible with health, or else cause their abatement.

6th. His duty should extend to the general supervision of every influence likely to prove beneficial or detrimental to the health of the city.

7th. Contagious or infectious emanations should be strictly guarded against, whether arising from decomposed vegetable or animal matter. And in conclusion, I would call your attention to a present source of inquietude to our citizens, arising from the still continued practice of city burials, and present for your acceptance the result of an experiment tried some four years since, with another intention, by which the evil of deleterious exhalations may be in a measure counteracted, until some definite arrangement can be made for burials without the borders of the city.

While experimenting, in the year 1845, for the purpose of producing artificial petrifaction, I discovered the strong antiseptic qualities of the following combination. The result of those experiments can be demonstrated by articles preserved at that period, now in a perfect state, free from the odor of the composition, although they have been kept for nearly five years. This combination, which has recently been thought well suited for the correction or prevention of emanations arising from the decomposition of animal matter, is as follows:—Carb. of lime, 6 parts; chloride of lime, 2 parts; nitrate of potassa, pulv., 1-4 part; sulph. iron, 1-4 part; ox. arsenic, 1-6 part; with 1 part carb. soda. These, when combined and finely pulverized, and thoroughly incorporated with argillaceous clay, and placed around the coffin, within another adapted to receive it, will, from their antiseptic power, produce a result that would prove beneficial to the health of town and country.

NATURE AND TREATMENT OF CHOLERA.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I wish to propose to the professiont he following questions relating to cholera.

Is not the most prominent manifestation of the disease a reversed action of the vessels leading from the alimentary mucous surface, causing a return of serum through those vessels? Is it not probable that any article, either as medicine or aliment, the tendency of which is not to allay irritation, either as styptic or anodyne, will do harm when in contact with the alimentary mucous surface?

Is there any evidence that calomel (or any mercurial) is indicated in the active stage of this disease, other than the fact that no bile is found in the dejections? Have bilious stools ever been secured by the use of mercurials during the active stage of the disease, or the admixture of bile secured before the diarrhœa was arrested? To what extent has the non-mercurial treatment been tested?

Having observed the want of success of all other plans of treatment during the epidemic of 1832, I was prepared, on the accession of this disease the past season, to adopt a simple plan, which was, to allay the diarrhœa with morphia, which I prefer to any other form of opium, on account of the facility of its absorption, and the smallness of its bulk. To allay the spasms, saturated solution of camphor in chloroform, twenty drops, often repeated if necessary, and stimulants, when the prostration was extreme. The stimulants were rarely required, as re-action would usually follow the arrest of diarrhœa and cramps.

No one has so nearly adopted this plan, as Dr. Buchanan, of Nashville, Tenn. I think his suggestions could not but have secured the respect of the profession. In each case, treated by me as above described (with one exception), bilious stools followed the arrest of the diarrhœa. In no case did I use the smallest cathartic dose. My impressions were decidedly averse to the use of any thing of the kind, and my observations fully confirmed the justice of these impressions.

Davenport, Iowa, Dec. 3, 1849. H. B. Chapman.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 26, 1849.

Size of the Brain.—In the proceedings of the Academy of Natural Sciences, for October, is a paper on the "Size of the Brain in various races and families of Man," by Dr. Morton, of Philadelphia, which, like all contributions of that gentleman, to literature or science, is worthy of attention. Physiologists, phrenologists and general philosophers may avail themselves with advantage of the measurements given in Dr. M.'s table. He presents a statement of the internal capacity of 623 human crania, made with a view of ascertaining the relative size of the brain. This was accomplished by using leaden shot, one eighth of an inch in diameter, instead of white mustard seed, as on a former occasion. He thus obtained the absolute capacity of the skull, in cubic inches. We quote the following extract.

"Among the facts elicited by this investigation, are the following:

"1. The Teutonic or German race, embracing, as it does, the Anglo-Saxons, Anglo-Americans, Anglo-Irish, &c., possesses the largest brain of any other people.

"2. The nations having the smallest heads, are the ancient Peruvians and Australians.

"3. The Barbarous tribes of America possess a much larger brain than the demi-civilized Peruvians or Mexicans.

"4. The ancient Egyptians, whose civilization ante-dates that of all other people, and whose country has been justly called 'the cradle of the arts and sciences,' have the least sized brain of any Caucasian nation, excepting the Hindoos; for the very few Semitic heads will hardly permit them to be admitted into the comparison.

"5. The Negro brain is nine cubic inches less than the Teutonic, and three cubic inches larger than the ancient Egyptian.

"6. The largest brain in the series is that of a Dutch gentleman, and gives 114 cubic inches; the smallest head is an old Peruvian, of 58 cubic inches; and the difference between these two extremes is 56 cubic inches.

"7. The brain of the Australian and Hottentot falls far below the Negro, and measures precisely the same as the ancient Peruvian.

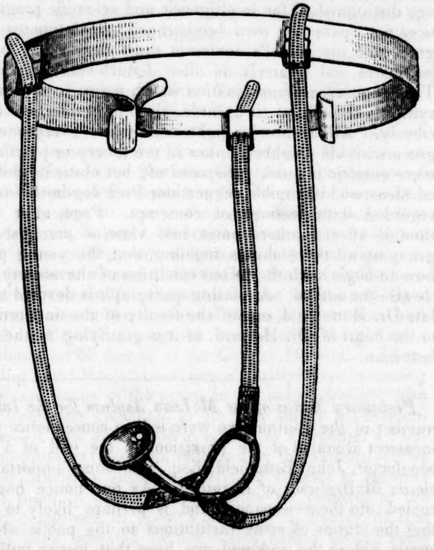
"8. This extended series of measurements fully confirms the fact stated by me in the Crania Americana, that the various artificial modes of distorting the cranium, occasion no diminution of its internal capacity, and consequently do not affect the size of the brain.

"It is necessary to explain what is here meant by the word *race*. Further researches into Ethnographic affinities will probably demonstrate that what are now termed the *five races* of men, would be more appropriately called *groups;* that each of these groups is again divisible into a greater or smaller number of primary races, each of which has expanded from an aboriginal nucleus or centre. Thus I conceive there were several centres for the American group of races, of which the highest in the scale are the Toltecan nations, the lowest the Fuegians. Nor does this view conflict with the general principle, that all these nations and tribes have had, as I have elsewhere expressed it, a common origin; inasmuch as by this term is only meant an indigenous relation to the country they inhabit, and that collective identity of physical traits, mental and moral endowments, language, &c. which characterize all the American races."

Diseases of Children.—A third edition of a "Practical Treatise on the Diseases of Children, by D. Francis Condie, M.D.," revised and augmented, is now ready for the profession. Every portion of it, says the author, has been subjected to a careful revision; a new chapter added on epidemic meningitis, and all important facts developed since the appearance of the last edition, in reference to the nature, diagnosis and treatment of the several diseases treated of under their appropriate heads, have been introduced. It is, therefore, complete, according to the present state of our knowledge. In addition to all the other improvements, a list of the books referred to as authority, is appended, which will direct the reader where to go in his bibliographical researches after the opinions, views and hypotheses of kindred writers.

Having on several former occasions expressed our confidence in the ability of Dr. Condie, it is unnecessary to say more now in commendation of this excellent work. We are impressed with the importance of studying most thoroughly the maladies to which children are incident. Those who have enlarged the domain of knowledge, respecting the means of lessening the mortality of early life, which, under even favorable circumstances, is so melancholy as to convince the wisest physicians of the imperfection of their art, claim the special thanks of parents as well as practitioners. Indeed, their claims are admitted in all well-regulated communities. This is one of Messrs. Lea & Blanchard's finely-wrought, well-made octavos, of 700 pages, and may be had in Boston at Ticknor & Co.'s.

Dr. Robinson's Patent Pessary.—"A pessary of proper construction," says Dr. Dewees, "is the only efficient remedy for this complaint." Below is an electrotype of Dr. Robinson's improved pessary, referred to in No. 9, Vol. XL., of this Journal. The adaptation of the instrument will be seen at once. Its adjustment is natural and easy. When applied, one suspender passes over the *mons veneris*, and is buckled, near the umbilical region, to the waistband; the other *two* are buckled posteriorly, near the hips, after passing backward over the *glutei* muscles. The band about the *waist* must be drawn tight enough to prevent the suspenders from dragging it downward, in which case the support will be lost. Urination is allowed to go on through the shield fitting to the labia. Neither of the two posterior suspenders embarrasses the wearer in regard to calls in that direction.. The patient is agreeably disappointed in learning how little inconvenience is felt from the instrument. It should be cleansed often with cold water.



The members of the medical profession have long felt the need of such an instrument, and this will not fail, it is believed, to answer all reasonable expectations. Every physician knows that the pessaries hitherto employed *will not* benefit the patient; and we might adduce many cases where the results have been diametrically opposite to the object in view. The vagina *ought* not and *cannot* support the uterus, and the pessary also; it must be kept in position by suspenders or straps. We believe it is not expecting too much, to hope a *radical cure of prolapsus uteri* (in all curable cases) by means of Dr. Robinson's improved pessary, and we therefore recommend it to the notice of the profession and the afflicted.

The instrument may be obtained by addressing Drs. J. H. Robinson, or A. P. Richardson, 36 Green street, Boston.

Starling Medical College—Dr. Howard's Address.—Dr. Howard, of the Chair of Surgery, in the above College, whose name has often been mentioned with respect, gave an introductory address at the opening of the autumnal lectures, which has since been published. Having discoursed upon professional character, touched upon the early history of medicine, and adverted to the establishment of medical schools at Rhodes, Cnidos and Cos, he comes to matters and things of recent times. We refer particularly to the boldness with which he cuts in, right and left, upon those pretenders to medical knowledge, whose ignorance is an abomination in an age distinguished for intelligence and scientific progression. Dr. Howard does not spare his own brotherhood: he intimates that nothing but disgrace and the world's contempt must necessarily follow such bickerings, jealousies and quarrels, as often disturb both individuals and institutions. That dogmatical determination which many prominent men exhibit, of carrying their point at all hazards, right or wrong, is commented upon judiciously. All cannot be right, neither can every one be wrong who disagrees with his neighbor, either in the theory or practice of medicine. The mere empiric is quickly disposed of; but obstinate defenders of unexplained ideas, and intangible suggestions from dog-in-the-manger physicians, are regarded with feelings of contempt. Page after page, one luminous thought after another comes into view, of practical value, since it is by grouping all these things together, that the young physician understands how to begin with the mixed condition of the society in which he finds a theatre for action. A closing paragraph is devoted to the memory of the late Dr. Butterfield, one of the faculty of the institution, and is creditable to the heart of Dr. Howard, as it is gratifying to the friends of that excellent man.

Pecuniary Means of the McLean Asylum for the Insane.—In last week's number of the Journal, we were led, in consequence of the conflicting and incorrect accounts of the provisions in the will of a distinguished public benefactor, John Bromfield, Esq., into some important errors in our article on *Multiplicity of Hospitals.* As our notice has been pretty widely copied into the newspapers, and is perhaps likely to give the impression that the duties of some institutions to the public are not fully met as respects aid to the indigent, we hope that justice will be done by giving a true version of the will referred to, in its bearings upon the Massachusetts General Hospital and its department for the insane. As stated by us, there seems to have been left "to the McLean Asylum for the Insane, $20,000, and the Massachusetts General Hospital, $20,000. Then there is a reversion of $40,000 more to the McLean, after the decease of a surviving relative." The fact is, as we learn from one who has seen the will, that "Mr. Bromfield's bequest is $20,000 to the Hospital, for free beds, and $20,000 to the Asylum, for the relief of indigent patients, both being reversionary, payable after the decease of a sister, Mrs. Tracy, of Newburyport, and not likely to become available for a number of years." We are also informed by the same gentleman, that "the McLean Asylum, so far from being rich, has no funds whatever for the support of the indigent, and that the institution is in fact sustained by the receipts from its wealthier class of patients. The guardians and friends of these generally have evinced a most honorable and liberal disposition to amply remunerate for the advantages it affords to their unfortunate wards and relatives. More than one half of all its patients are received at a rate below the actual outlay on their account, and the trustees still further abate a large sum annually from the expenses of those upon whom their calamity bears hard. The donation of $10,000, a few years ago, from Mr. William Appleton, then a trustee, the income of which was to go to fulfil a necessity which he had painfully noticed, as being unprovided for, is the only fund upon which that institution has a right to call. It is applicable by the donor's direction only to cases where friends have made a fair effort, and where recovery would probably follow if treatment were persevered in. A fund for the support of the indigent, without reference to their curability, is a desideratum highly needed, and cannot fail to be extremely useful in future years, when it shall have become available."

Medical Miscellany.—Mrs. Fowler, of New York; Mrs. Gleason, of Glenhaven; Mrs. Davis, of Mt. Morris; Miss Taylor, of Buffalo; Miss Warren, of New York; Miss Fish, of Syracuse; and Miss Adamson, of Philadelphia, are attending lectures at the Eclectic School of Medicine, so called, at Syracuse, New York.—At Norfolk, Virg., in a population of 15,000, there were but 11 deaths in November.—Mr. Davis, the man of revelations, is said to be preparing an extraordinary work on medicine, the result of recent interviews with Galen! He was in Boston last week, but whether he met with Galen or Hippocrates here, has not been divulged.—Dr. E. W. H. Ellis has been elected auditor of the State of Indiana.—Smallpox is prevailing in Clermont Co., O., and also near Amelia and New Richmond.—The cholera is among the northern Indians in Wisconsin, and raging fearfully.—At New Orleans, during the week ending the 2d inst., there were 279 admissions and 55 deaths at the Charity Hospital. There were 591 cases remaining in the Hospital.—Cases of smallpox are becoming quite frequent in Boston and many of the towns in the neighborhood; also chickenpox, which is frequently mistaken, in its first stages of development, for the smallpox.—A new and excellent edition of Carpenter's Physiology is just from the press, revised and enlarged by the author.—Why are there not copies of Maclise's illustrated surgery for sale in Boston? Now is the time to sell them, if ever.—An operation for removal of the lower jaw was recently performed in New York by Prof. Parker, of that city. The patient had been operated on five times before for the same disease—cancer.

***Suffolk District Medical Society.*—The regular monthly meeting for medical communication, will be held on Saturday evening next, December 29th, at 7½ o'clock, P.M.**

Gentlemen out of town, Fellows of the Mass. Medical Society, are respectfully invited to be present. By order of the President, E. W. BLAKE, *Sec'y.*

TO CORRESPONDENTS.—Dr. Anderson's remarks on Hemorrhage from the Umbilicus, have been received.

MARRIED,—William G. Wood, Harlem, N. Y., to Miss M. A. Walworth.—At Stamford, Vt., Dr. A. G. Williams to Miss M. L. Crowley.

DIED,—At Freetown, Mass., Dr. William Carpenter, 77.—Near San Francisco, California, Shubael F. Bartlett, M.D, of East Windsor, Conn.—At Milwaukie, Dr. Joseph H. Robbins, formerly of Virginia.—In New York, Dr. Luke Barker.—At North Prescott, Mass., Dr. Jesse A. Crawley, formerly of Sullivan, N. H., 37—very much lamented.

***Deaths in Boston*—for the week ending Saturday noon, December 22d, 74.—Males, 37—females, 37. Disease of the bowels, 1—inflammation of the brain, 1—inflammation of the bowels, 2—consumption, 15—congestion of the brain, 1—croup, 1—cancer, 1—childbed, 1—dropsy of the brain, 3—dyspepsia, 1—diarrhœa, 1—drowned, 1—dropsy, 2—erysipelas, 1—lung fever, 8—typhus fever, 3—scarlet fever, 3—brain fever, 2—typhoid fever, 1—disease of the heart, 1—infantile diseases, 9—inflammation of the lungs, 4—palsy, 1—purpura, 1—pleurisy, 2—smallpox, 1—teething, 3—disease of the throat, 2—unknown, 1.**

Under 5 years, 35—between 5 and 20 years, 7—between 20 and 40 years, 20—between 40 and 60 years, 8—over 60 years, 4. Americans, 41; foreigners and children of foreigners, 33.

Laryngotomy in Croup.—The following objections to resorting to the operation of laryngotomy in croup, are from Dr. Churchill's late work on diseases of children.

"1. That the larynx is not mechanically closed by false membrane; that in all cases, as Dr. Cheyne has remarked, there is sufficient space for the access of air; that if the larynx be closed it must be by spasm in addition to the exudation; and that, therefore, to attempt relief by a mechanical operation would be superfluous, to say the least of it.

"2. That it is extremely difficult to say that exudation has taken place, and still more to fix the limits of it, and pronounce in any case that it has not extended below the larynx; and yet upon this depends the utility of the operation; for,

"3. If the false membranes have extended below our incision, the operation, being purely mechanical, can afford no relief, but may seriously add to the danger.

"4. Bronchitis or pneumonia may exist at the time of the operation, or may very likely arise very soon after, and render it altogether useless.

"5. The operation itself is not without danger, nor quite so easy as has been stated, especially with young infants. In addition to hæmorrhage and escape of blood into the trachea, the patient may be attacked by prolonged syncope, asphyxia, or convulsions, as occurred in M. Trousseau's practice, and occasionally either of them may prove fatal.

"6. That the risk of inflammation and other accidents after the operation is very considerable, and materially diminishes its value.

"7. That the results of the operation hitherto, although successful to a considerable extent, are not sufficient to justify our having recourse to it under ordinary circumstances. 'If,' says Mr. Porter, 'it were possible to place a host of those cases in which bronchotomy had not proved serviceable, in array against those wherein it had seemed to be useful, it would scarcely be necessary to advance any further argument in proof of its uncertainty.'"

Medical College of Ohio.—The chair of Materia Medica and Therapeutics, vacated by the decease of Professor Harrison, has been filled by the transfer of Professor Shotwell. This arrangement reduces the number of Professors to *seven*, which we think, under the circumstances, was highly necessary. Every branch of medical science will now be taught in the school, without too great a number of lectures.

The Faculty are now engaged in delivering a preliminary course of lectures, which will extend through the month of October. A number of pupils are already in attendance, and the prospect for a good class is highly favorable.—*Western Lancet for October.*

Poisonous Effects of Arsenical Pigments.—Dr. Basedow, of Mersberg, has ascertained that Scheele's green (arsenite of copper), when employed in painting apartments, &c. may give rise to the evolution of arseniuretted hydrogen under the influence of moisture, and has traced as its results the production of rheumatic and neuralgic pains, marasmus, and diseases of the skin.—*Journal de Chimie Médicale.*

Just published in London—Contributions to the Pathology and Treatment of Eruptive Diseases of the Skin. By J. Moore Neligan, M.D., &c. 8vo.